



Commission on Improving the Status of Children in Indiana

Recommendation to the Commission

Party Submitting Recommendation: Child Safety and Services Task Force, Sub-Committee on Child Abuse Prevention

Date of Submission: 12/19/2018

Type of Action Requested:

Legislation Policy Resolution of Support or Endorsement Public Promotion

Other: _____

Which of the Commission's Strategic Priorities does this Recommendation help advance:

Child Safety and services Juvenile Justice and Cross-system Youth
 Mental Health and Substance Abuse Educational Outcomes

Summary of Recommendation:

Our Child Abuse Prevention Sub-Committee has been exploring the need for a statewide child abuse prevention framework. Several states have now developed such a framework, and other entities, such as the CDC have determined that statewide frameworks are promising practices. After reviewing several statewide plans and frameworks from agencies and entities in Indiana, our sub-committee is recommending that a statewide framework focusing on child abuse prevention be developed.

Background of Recommendation:

What is the need or problem?

In 2013 and 2014, Indiana averaged 25,677 substantiated reports of child maltreatment annually. For SFYs' 2015, 2016, and 2017, Indiana averaged 32,710 substantiated reports of child maltreatment, an increase of over 7,000 substantiated reports. In terms of non-relative foster placements, we averaged 4,771 children in care between the years of 2012 through 2014. In 2015 through 2017, we averaged 6,469 children in care. Placement in relative care is even more startling. In the years consisting of 2012 through 2014, we averaged 4,030 children in relative care. Between the years consisting of 2015 through 2017, we averaged 7,208. This number does not even capture the numbers of relatives who are currently caring for their relative children who have not come to the attention of DCS. Further, we are currently 10th in the nation with regard to infant mortality. Not all mortality is associated with maltreatment, but there are issues, such as abusive head trauma and unsafe sleep practices, that are attributable.

The issue of child maltreatment is complex, so the solutions must be varied and all-inclusive as well. Many systems must collaborate to ensure that all aspects of child wellbeing are being addressed, e.g. mental health, early childhood, workforce development, home visiting, education, etc. The local community voice, including parents and other

caregivers, is also imperative when talking about child abuse prevention. Developing a framework that is inclusive of these systems, and that allows these systems to use the framework in a manner that is most suitable for them, appears to be the most appropriate way to move forward.

What is the current response to the problem by the State of Indiana?

There are many primary and secondary prevention efforts present in Indiana, but they are not necessarily coordinated. Current statewide existing efforts include the Kids First Trust Fund, Prevent Child Abuse Indiana, Healthy Families, and Community Partners for Child Safety. Other related efforts, such as injury prevention and infant mortality reduction initiatives at ISDH, also contribute to the picture.

Previously, we came before this Commission and requested that all agencies whose focus is children and families, and who have some type of statewide plan or framework, provide that plan to our Task Force so that we could determine if there was a need for a more comprehensive statewide framework around the prevention of child maltreatment, or if there was already an existing plan upon which we could build. Many agencies did provide us with their plans, and our sub-committee reviewed these plans and frameworks and found them to be very detailed and planful. However, understandably, they were created for the specific populations these agencies serve.

What is the recommender proposing, and how will it help solve the problem?

Upon review of many statewide plans and frameworks, we observed how thorough and impactful these plans have the potential to be. We determined however, that there was not one plan that comprehensively articulated Indiana's strategy for child abuse prevention. Based upon that observation, we are recommending the creation of a statewide framework around child abuse prevention. A framework will bring together statewide partners that represent a variety of disciplines. These partners have the ability to develop outcomes that support Indiana's children and families, and to create an environment that is free from abuse. Although we did not find one specific plan that we could completely emulate, we did find that the Suicide Prevention Framework had the best foundation for the type of framework we are contemplating, and we will explore that further.

What data, research or other information did the recommender consult to formulate this proposal?

Although it is not yet the norm, many states have developed, or are in the process of developing, statewide plans and frameworks focusing on child abuse prevention. We contacted representatives from some states that have developed plans and/or frameworks. These individuals represented the states of Nebraska, New Jersey, Colorado, and South Carolina. We also contacted Dr. Deborah Daro from Chapin Hall at the University of Chicago. Dr. Daro was instrumental in assisting Colorado and South Carolina with their frameworks, and created a step-by-step toolkit to assist other states in creating their own frameworks. The overview of those steps accompanies this recommendation.

If a legislative request, cite the current relevant code and specify what change is being recommended.

N/A

If a policy request, cite the current relevant policy and specify what change is being recommended.

N/A

If the recommendation involves an endorsement or public promotion of a specific initiative or statement, attach the document of which you are seeking the Commission's support/endorsement/promotion.

We are asking that this Commission endorse our recommendation that a statewide framework be created that focuses on the prevention of child maltreatment. This process will take between 18 months to two years. Our Sub-Committee will provide periodic progress updates to The Commission. We are also asking the Commission's assistance in recommending additional partners who can aid in the development of this framework. The partners should include individuals from a variety of disciplines, including health, mental health, education, the faith community, and workforce development.